

2006 Health Plan Rate Table  
Craft and Plant Unit

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
<b>PREMIER WELLWISE*</b>					
EMPLOYEE ONLY	\$680.51	\$667.32	\$15.70	\$350.67	\$161.85
EMPLOYEE / 1 DEPENDENT	\$1,197.69	\$935.77	\$138.20	\$463.20	\$356.30
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,687.66	\$1,311.58	\$194.73	\$650.06	\$500.05
<b>PREMIER SHAREWELL**</b>					
EMPLOYEE ONLY	\$214.98	\$284.00	(\$31.86)	\$214.98	\$0.00
EMPLOYEE / 1 DEPENDENT	\$353.08	\$411.74	(\$27.07)	\$132.41	\$101.85
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$455.95	\$505.81	(\$23.01)	\$170.98	\$131.52
<b>KAISER</b>					
EMPLOYEE ONLY	\$284.05	\$269.85	\$6.55	\$142.03	\$65.55
EMPLOYEE / 1 DEPENDENT	\$568.10	\$426.08	\$65.55	\$213.04	\$163.87
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$803.86	\$602.90	\$92.75	\$301.45	\$231.88
<b>CIGNA PRIVATE PRACTICE</b>					
EMPLOYEE ONLY	\$316.51	\$300.68	\$7.30	\$158.26	\$73.04
EMPLOYEE / 1 DEPENDENT	\$625.58	\$469.19	\$72.18	\$234.59	\$180.46
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$870.43	\$652.82	\$100.43	\$326.41	\$251.09
* County cost includes Wellwise incentive					
** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)			(Effective every pay period beginning with pay period 01, 2006, January 13, 2006)		